

POLITICAL COMMITTEE

CITY OF TEMPE

<u>CAMPAIGN FINANCE REPORT</u> 2012 March/May Regular Election

1	The Political Committee of Planned Parenthood of Advocates of Arizona		OITH OF	May park a sum
'	Full Name of Committee		CITY OF CITY CLERI	IEMPE
	5651 N 7th ST		OIL OLEM	4 3 OF FIGE
	Address			
	Phoenix, AZ 85006 602-263-4226			
	City ZIP Code County Phon	e		
2	Planned Parenthood of Advocates of Arizona		3A. ID#	
	Sponsoring Organization or Candidate and office		PC-12-12	
	Name of Candidate and Office Sought (if applicable) msteinberg@ppaz.org 602-277-5243			
•	E-Mail Address Fax#			
4.	REPORTING PERIOD (Please check appropriate box)	-		DUE BETWEEN
$\overline{\Gamma}$	7			
L	January 31 Report - For Period of* thru December 31, 2011		Januar	y 1, 2012 and January 31, 2012
	Pre-Primary Election Report - For Period of January 1, 2012 thru February 2	22, 2012	Februa	ary 23, 2012 and March 1, 2012
	Post-Primary Election Report - For Period of February 23, 2012 thru April 2,	, 2012		April 3, 2012 thru April 12, 2012
	Pre-General Election Report - For Period of April 3, 2012 thru April 25, 2012	2		April 26, 2012 thru May 3, 2012
✓	Post-General Election Report - For Period of April 26, 2012 thru June 4, 20	12		lune 5, 2012 and June 14, 2012
	**January 31 Report - For Period of June 5, 2012 thru December 31, 2013		Januar	y 1, 2014 and January 31, 2014
5.	SUMMARY	1	olumn A otal This	Column B Election Period
		1	rting Period	Total To Date
5а	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)			
5b	Cash on Hand at the Beginning of this Reporting Period	59	185,51	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	/3:	36,00	
5d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	61.	121.51	
6a	Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]			
6b	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18))	
7	Cash on Hand at Close of Reporting Period (Subtract	1/1/1	7/6/7	

2012 JUN 15 PM 4: 02

Line 6b from Line 5d]

^{*}Insert date which is 21 days after date of last election (A.R.S. §16-913).

^{**}Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

Amount Date \$ 18.00 6/29/2012 \$ 100.00 5/3/2012 \$ 455.00 5/3/2012	iess Program \$ 21.00 5/7/2012 \$ 20.00 5/7/2012	\$ 12.00 5/7/2012 \$ 20.00 5/7/2012		\$ 20.00 5/8/2012				\$ 20.00 5/10/2012	\$ 20.00 5/10/2012			-		\$ 10.00 5/15/2012		\$ 20,00 5/21/2012	\$ 5.00 5/22/2012	\$ 250.00 5/23/2012	\$ 100,00 6/1/2012
Occupation retired	Director of the Victim Witness Program Development Officer			Retired	Retired	Retired	• .	retired	Retired	retired	retired		retired	Retired	Retired	Physician	Retired	Controller	Director
Employer retired	Pima County Attorney's Office Vassar College	Retired Federal Bankruptcy District Court	Flagstaff Medical Center	Retired	Refired	Retired	Heller Foundation, Inc.	retired	retired	Airforce	Retired		retired	retired	Retired	Self-employed	Retired	Virginia G Piper Charitable Trust	Encore Inter-Active Theatre, Inc.
85028-1518 85251-2067 85718-1349	85745-1529 85255	85712-1387 85716-4939	86001-6552	85719-3846	85716-2403	85253-5160	85253-3722	85022-7500	85021-5660	85710-6026	85719-3827	20189	85351-1258	85255-6630	85641-0485	85716-1093	85716-4213	85018-3415	85253-3446
City State Phoenix AZ Scottsdale AZ Tucson AZ	Tucson AZ Scottsdale AZ	Tucson AZ	Flagstaff AZ	Tueson AZ	Tucson AZ	Paradise Valley AZ	Paradise Valley AZ	Phoenix AZ	Phoenix AZ	Tucson AZ	Tucson AZ	Dulles VA	Sun City AZ	Scottsdale AZ	Vail	Tucson AZ	Tucson AZ	Phoenix AZ	Paradise Valley AZ
Address 4062 E Paradise Dr 6711 E Camelback Rd Unit 62 3148 E Table Mountain Rd	2051 N Painted Hills Rd 7501 E Thompson Peak Pkwy #426	5427 E Francisco Loop 115 N Calle Resplendor	3235 S Glla Dr	19 N Sierra Vista Dr 720 E Comino Diodeo	2955 E Chula Vista Dr	5520 E Palo Verde Dr	3420 E Marlette Ave	1547 E Estrid Ave	1101 W Royal Palm Rd	2121 S Timberline Ave	1820 N Norton Ave	2140 Dar Es Salaam Place				4111 N Cactus Blvd	3385 E 2nd St	4513 N 35th PI	5840 E Joshua Tree Ln
Last_Name Merz Ackerman Wachter	Burbank Covert	Edelsky Hallowell	Bailey	Altaffer	Thomton	Nordstrom	Heller	Audisio	Sosnow	Ritter	Nemann	Cameron	McAvenia	Epstein	Heller	Turner	Anderson	Hoffman	Sherman
First_Name Barbara Judy Richard	Kent Catherine	Carole Elinor	Mary	Dabney	William	Cheryl	Joan	Rita	Patricia	Alice	Wendeli	Allsa	Peggy	Carolyne	Joseph	Linda	≅ <u> </u>	Lvnn	Paula

Su allached

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

	Committee Name				2. ID#	
	Report covering period fro			thru		
4	NAME, ADDRESS, OCCUPA	CONTRIBUTIO	NS	DATE RECEIVED	THIS	CUMULATIVE TOTAL THIS CAMPAIGN
4a.	LAST	FIRST	MI		PERIOD	TO DATE
4a.	5,01	TIKOT	WH			
	STREET ADDRESS					
	CITY	STATE	ZIP			
	OCCUPATION		EMPLOYER			
b.	LAST	FIRST	MI			
	STREET ADDRESS					
	CITY	STATE	ZIP			
	OCCUPATION		EMPLOYER			
c.	LAST	FIRST	MI			
	STREET ADDRESS					
	CITY	STATE	ZIP			
-	OCCUPATION		EMPLOYER			
d.	LAST	FIRST	MI			
	STREET ADDRESS					
	CITY	STATE	ZIP			·
	OCCUPATION		EMPLOYER			
е.	LAST	FIRST	MI			
	STREET ADDRESS					
	CITY	STATE	ZIP			
	OCCUPATION		EMPLOYER			
5.	ENTER TOTAL ONLY IF LAST P Summary Page Line 4(z), Column	AGE OF SCHEDULE A [If la	st page of Schedule A, transfer to	tal to Detailed		

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE **B**

2. ID#

	Committee Name			
	3. Report covering period	d fromthru		
4		CONTRIBUTIONS	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
	IDE	NTITY OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOD	CAMPAIGN TO DATE
4a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
.b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
C.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		•
	DATE RECEIVED			
ń.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
ì.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF LA Detailed Summary Page, Lii	ST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to ne 4(c), Column A]		

OTHER LOANS

SCHEDULE C1

1.	Committee Name	2. ID#			
3.	Report covering period fromthru				
4	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE DAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE	
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION				
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION				
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION				
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#				
	DESCRIPTION				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detail Page, Line 5(a), Column A]	iled Summary			

INDEPENDENT EXPENDITURES*

SCHEDULE **D-1**

		2. ID#				
	1. Committee Name					
	3. Report covering period from thru					
4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE			
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	MIADE	EXPENDITORE			
4a.	NAME, ADDRESS, CITY, STATE AND ZIP					
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION					
4b.	NAME, ADDRESS, CITY, STATE AND ZIP					
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION					
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		-			
	PURPOSE AND DESCRIPTION OF PURCHASE Benefitted Opposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION					
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [if last page of Schedule D-1, transfer total to Detailed Summary Page Line	10, Column AJ				
*SEE A.R.S. § 16-901(14). certify, under pently of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the equest or suggestion of any candidate or any campaign committee or agent of that candidate.						
Signat	ure of Treasurer					
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS SIX MONTHS	WITHIN THE LAST	AMOUNT			

Schedule D-1 Page___of___

OFFSETS TO OPERATING EXPENSES *

SCHEDULE **D-3**

	4. Committee None	2. 10#	
	1. Committee Name		
	3. Report covering period fromthru		
	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
a.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		:
) .	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
3.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		
•			
	DESCRIPTION OF REFUND		
€.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DECORPTION OF REFLAIR		
	DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, AND ZIP		
	DESCRIPTION OF REFLIND		
	DESCRIPTION OF REFUND		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [if last page of Schedule D-3, transfer total to Detailed Summary Page Line 17 Column A]		
*	Includes return of contributions made by reporting committee		

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#

	1. Committee Name		
	3. Report covering period fromthru		
4	REPAYMENT OF ALL OTHER LOANS NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE)	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
4a.	TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b,	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

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ANY OTHER DISBURSEMENT

SCHEDULE **D-7**

	1. Committee Name		2. ID#				
	3. Report covering period fromthru						
	ANY OTHER DISBURSEMENTS	DISE	DATE URSEMENT	AMOUNT OF THE			
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		MADE	DISBURSEMENT			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#						
	DESCRIPTION						
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#						
	DESCRIPTION						
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#						
	DESCRIPTION						
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#						
	DESCRIPTION						
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#						
	DESCRIPTION						
	DESCRIPTION						
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]						

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DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

	1. Committee Name	2. ID#	
	3. Report covering period from thru		
4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT	AMOUNT OF THE
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	RECEIVED	RECEIPT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A		

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DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

	Committee Name 3. Report covering period from thru								
	Report covering period from	I	1						
4	DEBTS AND OBLIGATIONS	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED	PAYMENT THIS	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD				
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED		THIS PERIOD	PERIOD					
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#								
				·					
	DESCRIPTION OF DEBT								
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#								
	DESCRIPTION OF DEBT				Genta amagine salam pinasin Salam salama kerasinah dibes				
G.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#								
	DESCRIPTION OF DEBT								
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#								
	DESCRIPTION OF DEBT				The state of the s				
е.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	regional (Cambrille in Strate Community), full and 30 for community and community of the Co							
	DESCRIPTION OF DEBT								
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLC F-3 [Transfer total to Detail Summary Page Line 19, Co		ONLY IF LAST PAGE O	F SCHEDULE					
	. Temore total to bottom our many rago Ente 10, 00								

CITY / TOWN OF Tempe

POLITICAL COMMITTEE TERMINATION STATEMENT

A.R.S. §§ 16-914 and 16-915.01

ID# 201200346

				11200340	J				
NAME OF POLITICAL COMMITTEE The Political Committee of Planned Parenthood of Advocates of Arizona									
ADDRESS (NUMBER & STREET)	CITY		STATE	ZIP					
5651 N 7th ST	Phoenix		AZ	85014					
MAILING ADDRESS (IF DIFFERENT FRO	CITY STATE ZIP								
COMMITTEE TELEPHONE # 602-263-4266	COMMITTEE FAX # 602-277-5243			MAIL ADDRESS G@PPAZ.ORG					
NAME OF SPONSORING ORGANIZATION OR CANDIDATE AND OFFICE Planned Parenthood of Advocates of Arizona									
ADDRESS OF SPONSORING ORGANIZA 5651 N 7th ST, Phoenix, AZ 85014	EMAIL ADDRESS AND FAX # MSTEINBERG@PPAZ.ORG 602-277-5243								
Select the boxes that apply:									
A. This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01. Please mark the appropriate statement below to indicate which campaign finance report states the disposition of any surplus monies. The disposition of surplus monies was submitted on the campaign finance report filed on: The disposition of surplus monies is reported on the attached campaign finance report. This committee has terminated its activities in the above-named jurisdiction. The undersigned chairman and treasurer hereby attest that it is the intent of this committee to remain active in other jurisdictions and that all remaining monies of this committee shall be used in other jurisdictions.									
<u> </u>	This committee has transferred the committee's debts and obligations to a subsequent committee. Please enter the full name and ID# of the committee into which debts and obligations have been transferred.								
Please enter the full name and	ID# of the committee in	to wnich deb	its and obligation	ons nav	e been transferred.				
Name of Committee:	ID#								
,	Bryan S Howard Printed name of Chairman and		Kent Burban Printed name of Trea	,certify und∜					
penalty of perjury that this statement of termination pursuant to A.R.S. § 16 -914 is true and complete.									
EXSH? KARBU									
Signature of Chairman Signature of Treasurer									